

## **Medical Transfer Summary Facility Audit and Evaluation Procedures**

Title 15, Section 1206 requires jails to provide medical transfer summaries when inmates are transferred to another jurisdiction. CDC policy establishes the same requirements for state prisons. Audit and evaluation procedures were developed by the "Interfacility Transfer of Medical Information Task Group," consisting of representatives from local jails, California Department of Corrections (CDC), Local Health Officers (LHO), Department of Health Services (DHS) and the California Youth Authority (CYA).

### **PURPOSE:**

These audit and evaluation procedures provide facility custody and health care managers with a method to systematically assess their facilities for compliance with these requirements. Procedures require coordinated communication among all involved, as custody, transportation, booking and health care are all critical to assuring that this summary information accompanies inmates being transferred to other jurisdictions.

The following principles were adopted by the Task Group to establish that the audit and evaluation should:

1. Provide for internal evaluation within each facility, with each state or local facility auditing their own system;
2. Include a multidisciplinary evaluation of the process that involves custody, booking, transportation and health care staff;
3. Facilitate problem-solving and communication, both internal communication within a facility and external communication with other facilities;
4. Increase and support a level of awareness concerning the importance of having health care information on transferred inmates;
5. Be incorporated into the health authority's annual report to the jail administrator on health care problems and resolutions (required by Title 15, Section 1202, Medical/Mental Health Service Audits, for jails);
6. Be available to document compliance with transfer summary requirements for inspectors during county health inspections, BOC biennial inspections and CDC program evaluations; and,
7. Establish audit tools that are "flexible" enough to be customized by individual facilities to address known problems and be implemented in systems of varying size and complexity.

**PROCEDURES:**

- The attached evaluation and audit components have separate forms for evaluating booking/transportation procedures to send the information on "outgoing" inmates and receive the information on "incoming" inmates. In addition, there is an audit format to assess the quality of summary information provided by health services. These audits do not necessarily need to be completed during the same timeframe or on the same inmates.
- The Task Group encourages ongoing auditing and evaluating of policies and procedures and recommends that the audit and evaluation occur at least quarterly. However, each facility will need to determine the appropriate length of time for custody's transportation/booking data collection and the number of files to be included in the health services audit. Facility sizes vary dramatically. The time frames and number of files selected will depend upon resources, frequency of the audit, and both number and seriousness of the problems identified. One day for the booking/transportation component may be sufficient for most facilities. Ten files for the health services component may be reasonable for many facilities, but could constitute all transfers in some counties and a minuscule number in others.
- Coordination between custody and health services is essential. In many systems, there is already a "coordinating" team to address mutual concerns. This evaluation and audit may be folded into their responsibilities. Multiple staff will be involved, and each facility will need to establish roles and responsibilities.

**Custody - Booking/Transportation Evaluation**

- Designed for designated booking or transportation staff to track "incoming" and "outgoing" inmates to identify the number having summary information.
- Scheduling the data collection should assess different shifts, as well as weekends and weekdays. All these factors would not necessarily need to be done at the same time, but could be staggered over a period of days, weeks, or perhaps even months.
- Data collection instructions are summarized on each of two forms (separate forms for incoming and outgoing inmates).

**Health Services Audit**

- Internal monitoring for quality and accuracy of the information must be done by health care staff at the facility sending the information. This is because they have the health care file. They also have access to transportation lists to verify that the information was an accurate reflection of the medical file and that summaries were completed on applicable inmates who were released.
- Designed for health services staff to use when reviewing selected health records to compare the information on the Transfer Summary and TB Patient Plan, with information in the file (e.g., medical and mental health).

- Data collection instructions are summarized on the Quarterly Medical Transfer Audit form. In addition, the following clarifications may be useful:
  - ◆ Team Members: Multiple health care staff may be involved in this review (as a "team"), with individual members auditing a selected number of health records on "their" summary sheet. Identify the team members involved in the audit, if applicable.
  - ◆ Health Care Staff Completing this Page: This audit of medical records can be completed by anyone legally authorized to access medical records. For example, this could include medical records staff, designated and authorized support staff with appropriate training; nurses, health services managers, etc. Custody staff would not review the medical record to conduct this audit, but as part of the coordinating team, they would have access to the audit summary.
  - ◆ Reviewed by: Some larger health care systems may have a review level. For smaller systems this may not be applicable.
  - ◆ Coding Key: Enter 0, 1 or 2 in each column for each health record that is audited. If an audited record is out-of-compliance, it is recommended the reason be noted in the "comments" section. Compliance can be totaled on each page.

**Coordination and Communication:**

- The Task Group carefully considered what should happen with the data once it is available in a facility. The overall goal is to support a network of communication: Internally, among custody, transportation and health care staff within a facility; between individual facilities, on a facility-by-facility basis, to resolve problems; and, with inspectors during annual health inspections, BOC biennial inspections, and CDC program evaluations. Health officer, BOC and CDC inspections assess issues on a broad, systemic basis; however, the practical, immediate impact will come from commitment and communication within and among facilities.
- Designate a central coordinator or coordinating team. Develop a plan for consolidating the information and discussion among custody, transport and health care managers. Consolidate and maintain the results for review by health, BOC and CDC inspectors.
- Title 15, Section 1202 (Medical/Mental Health Service Audits) requires the jail health authority to provide a written report to the facility administrator, at least annually, about health services issues. That report is to include recommendations/plans for resolving the problems and the results of this evaluation and audit should be considered in that report.
- Develop a corrective action plan for each area that is "systemically" out-of-compliance. Corrective action will differ if non-compliance is related to a broad policy-procedure problem or a training issue for an individual staff person or shift.

- Develop a system of communicating concerns about the information received (or not received) from another facility. The enclosed letter is one method of documenting concerns, but, in many instances it may be appropriate to also have less formal procedures for advising another facility of concerns.

### INCOMING INMATES: Booking/Transportation Transfer of Medical Information Evaluation

**Facility:** \_\_\_\_\_

**Shift:** \_\_\_\_\_

Date <sup>1</sup>	Inmate Name <sup>2</sup>	Booking/ Inmate # <sup>3</sup>	Sending Facility <sup>4</sup>	Summary Received <sup>5</sup>	Transport Instructions <sup>6</sup>	Staff Initials <sup>7</sup>	Comments <sup>8</sup>
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		
				Yes No	Yes No		

<sup>1</sup> Date the inmate is admitted to the facility.

<sup>2</sup> Inmate's last, first name.

<sup>3</sup> Use the booking/inmate number from the sending facility.

<sup>4</sup> Record the originating facility that sent the inmate to you.

<sup>5</sup> Circle "yes" or "no" to indicate if a transfer summary was received with "incoming" inmates.

<sup>6</sup> Circle "yes" or "no" to indicate if the incoming health care information included transport instructions. (Transport instructions are not always required.)

<sup>7</sup> Initials of the staff person completing the information for each individual inmate.

<sup>8</sup> Insert any additional or explanatory information that may be useful in interpreting the evaluation.

Provide the completed Booking/Transportation Evaluation to health services to evaluate if transport instructions were required, if health care staff have a completed summary on file, or if a summary was received by some other means (e.g., fax). Health care staff will note findings in "comments."

### OUTGOING INMATES: Booking/Transportation Transfer of Medical Information Evaluation

**Facility:** \_\_\_\_\_

**Shift:** \_\_\_\_\_

Date <sup>1</sup>	Inmate Name <sup>2</sup>	Booking/ Inmate # <sup>3</sup>	Destination Facility <sup>4</sup>	Summary Sent <sup>5</sup>		Transport Instructions <sup>6</sup>		Staff Initials <sup>7</sup>	Comments <sup>8</sup>
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		
				Yes	No	Yes	No		

<sup>1</sup> Date the inmate was released from the facility for transport elsewhere.

<sup>2</sup> Inmate's last, first name.

<sup>3</sup> Use the booking/inmate number from your facility.

<sup>4</sup> Record the ultimate "destination facility" to which you are sending the inmate.

<sup>5</sup> Circle "yes" or "no" to indicate if a health care transfer summary was included in the transport information sent with the inmate at the time of release to transport staff.

<sup>6</sup> Circle "yes" or "no" to indicate if the health care summary information included transport instructions. (Transport instructions are not always required.)

<sup>7</sup> Initials of the staff person recording the information for each individual inmate.

<sup>8</sup> Insert any additional or explanatory information that may be useful in interpreting the evaluation.

**Provide the completed Booking/Transportation Evaluation to health services to evaluate if transport instructions were required, if health care staff have a completed summary on file, or if a summary was received by some other means (e.g., fax). Health care staff will note findings in "comments."**

## Appendix 4

**Coding Key:**    **1** = in compliance, meets all requirements        **0** = out of compliance, fails one or more requirements        **N/A** = not applicable

[illegible]

Appx 4 Med Trans Audit Frm rev 5.18.98

## Appendix 4

County Jail or State Facility  
Address  
City, State Zip

Date

*Letter should be directed to the desired point of contact: e.g., Health Care Manager, Sheriff, Chief, Warden, Etc.*

County Jail or State Facility  
Address  
City, State Zip

RE: TRANSFER OF HEALTH INFORMATION

Dear \_\_\_\_\_:

The transfer of health information focuses on improving the quantity and quality of health information transferred among facilities. Staff at our facility have recently discovered that inmate(s) received from your facility did not have a transfer summary or had deficiencies in regard to the health information that was provided. These deficiencies are summarized in the attached document for your review and follow-up.

Please feel free to give me a call if any of my staff or I can be of further assistance. I can be reached at (xxx) xxx-xxxx. We appreciate your commitment to this process and your prompt response.

Sincerely,

Signature block

Enclosure

*For Jails:*

cc: Local health Officer  
Field Representative, Board of Corrections (600 Bercut Dr., Sacramento, CA 95814)

*For CDC facilities:*

cc: Health Care Regional Administrator, CDC (P.O. Box 942883, Sacramento, CA 94283)